

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember:

- Additional training resources can be found on the HUD Exchange at <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>.
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2018 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- New projects may only be submitted as either Reallocated or Permanent Supportive Housing Bonus Projects. These funding methods are determined in collaboration with local CoC and it is critical that applicants indicate the correct funding method. Project applicants must communicate with their CoC to make sure that the CoC submissions reflect the same funding method.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- HUD reserves the right to reduce or reject any new project that fails to adhere to (24 CFR part 578 and application requirements set forth in FY 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:

2. Type of Application: New Project Application

If Revision, select appropriate letter(s):

If "Other", specify:

3. Date Received: 09/14/2018

4. Applicant Identifier:

5a. Federal Entity Identifier:

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Community Action Agency

b. Employer/Taxpayer Identification Number (EIN/TIN): 38-1803599

	c. Organizational DUNS:	120359559	PLUS 4:	0000
--	-------------------------	-----------	---------	------

d. Address

Street 1: 1214 Greenwood Avenue

Street 2:

City: Jackson

County: Jackson

State: Michigan

Country: United States

Zip / Postal Code: 49203

e. Organizational Unit (optional)

Department Name: Community Development

Division Name: Housing Programs

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Ms.

First Name: Laura

Middle Name:

Last Name: Reaume

Suffix:

Title: Program Operations Mgr

Organizational Affiliation: Community Action Agency

Telephone Number: (517) 784-4800

Extension:

Fax Number: (517) 784-5188

Email: lreaume@caajlh.org

1C. SF-424 Application Details

9. Type of Applicant: M. Nonprofit with 501C3 IRS Status

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-6200-N-25

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (state(s) only): Michigan
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: Jackson HMIS Expansion

16. Congressional District(s):

a. Applicant: MI-007

b. Project: MI-007

(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 04/01/2019

b. End Date: 03/31/2020

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process? a. Yes

If "YES", enter the date this application was made available to the State for review: 09/30/2018

20. Is the Applicant delinquent on any Federal debt? No

If "YES," provide an explanation:

1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I AGREE:

21. Authorized Representative

Prefix: Mrs.

First Name: Toby

Middle Name: L

Last Name: Berry

Suffix:

Title: Chief Executive Officer

Telephone Number: (517) 784-4800
(Format: 123-456-7890)

Fax Number: (517) 784-5188
(Format: 123-456-7890)

Email: tberry@caajlh.org

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 09/14/2018

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - Form 2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2510-0011 (exp.11/30/2018)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: Community Action Agency

Prefix: Mrs.

First Name: Toby

Middle Name: L

Last Name: Berry

Suffix:

Title: Chief Executive Officer

Organizational Affiliation: Community Action Agency

Telephone Number: (517) 784-4800

Extension:

Email: tberry@caajlh.org

City: Jackson

County: Jackson

State: Michigan

Country: United States

Zip/Postal Code: 49203

2. Employer ID Number (EIN): 38-1803599

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$49,330.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, City and State) of the project or activity.

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? (For further information, see 24 CFR Sec. 4.3). Yes

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9. Yes

Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
HUD, Detroit, MI	grant	\$731,843.00	housing

Note: If additional sources of Government Assistance, please use the "Other Attachments" screen of the project applicant profile.

Part III Interested Parties

You must disclose:

1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and

2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation	Financial Interest in Project/Activity (\$)	Financial Interest in Project/Activity (%)
N/A	N/A	N/A	\$0.00	0%

Note: If there are no other people included, write NA in the boxes.

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I certify that this information is true and complete.

I AGREE:

Name / Title of Authorized Official: Toby Berry, Chief Executive Officer

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 07/20/2017

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Community Action Agency

Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:	
a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.	e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
b. Establishing an on-going drug-free awareness program to inform employees --- (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.	f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted --- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;	g. Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.
d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will --- (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;	

2. Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)
 Workplaces, including addresses, entered in the attached project application.
 Refer to addresses entered into the attached project application.

I hereby certify that all the information stated herein, as well as any information provided in

X

the accompaniment herewith, is true and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Authorized Representative

Prefix: Mrs.

First Name: Toby

Middle Name: L

Last Name: Berry

Suffix:

Title: Chief Executive Officer

Telephone Number: (517) 784-4800
(Format: 123-456-7890)

Fax Number: (517) 784-5188
(Format: 123-456-7890)

Email: tberry@caajlh.org

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 09/14/2018

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:

X

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Applicant's Organization: Community Action Agency

Name / Title of Authorized Official: Toby Berry, Chief Executive Officer

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 09/14/2018

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.

Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer "Yes" if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: "The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action."

Answer "No" if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program? No

Legal Name: Community Action Agency

Street 1: 1214 Greenwood Avenue

Street 2:

City: Jackson

County: Jackson

State: Michigan

Country: United States

Zip / Postal Code: 49203

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I certify that this information is true and complete.

X

Authorized Representative

Prefix: Mrs.

First Name: Toby

Middle Name: L

Last Name: Berry

Suffix:

Title: Chief Executive Officer

Telephone Number: (517) 784-4800
(Format: 123-456-7890)

Fax Number: (517) 784-5188
(Format: 123-456-7890)

Email: tberry@caajlh.org

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 09/14/2018

2A. Project Subrecipients

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the  icon. To view or update subrecipient information already listed, select the view  option.

Total Expected Sub-Awards:

Organization	Type	Sub-Award Amount
This list contains no items		

2B. Experience of Applicant, Subrecipient(s), and Other Partners

1. Describe the experience of the applicant and potential subrecipients (if any), in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations.

Community Action Agency (CAA) is a 501c3 nonprofit corporation operating for over 50 years in Jackson, Lenawee and Hillsdale counties in Michigan. The agency's mission throughout the years has been to assist low-income families achieve self-sufficiency, initially as an organization chartered in the OEO War on Poverty, and now as a collaborative partner in assisting clients who are moving from welfare to work through a mix of federal, state, local and private funding. This year, services will be provided to clients through over 50 programs across the three counties ranging from Head Start to Supportive Services for Veteran's Families. Services are provided in a holistic manner, integrating new programs into CAA's overall structure to ensure that all program resources are available to clients. Our annual budget of over \$15 million dollars is overseen by a professional management team including a finance department, personnel department and is led by a CEO who has been with the agency for over 15 years, beginning her tenure as a case worker for homeless families in the first funded HUD supportive housing program in Jackson. Community Action Agency has been providing assistance to the homeless through HUD Supportive Housing Grants for over 15 years. The grants include a permanent supportive housing grant dedicated to those that are chronically homeless, one HMIS grant, one SSO grant with a coordinated entry focus, and one Rapid Rehousing Grant. CAA has been identified by the Jackson City/County Continuum of Care as the Housing Assessment and Resource Agency (HARA) or the county's one stop service center for all homeless prevention and rehousing services. CAA, as the HARA, provides Emergency Solutions Grant (ESG) services to homeless families and individuals in Jackson and is the fiduciary for the Jackson Continuum of Care ESG funding through the Michigan State Housing Development Authority, providing funds and oversight to one sub recipient agency. CAA has an existing staff structure that will allow for quick start up of a new program, as we are currently the System Administrator for HMIS and this would build off of this structure simply allowing us to do more. Community Action Agency is dedicated to ending homelessness in our community and has utilized agency discretionary funds to engage services of an outside organization to evaluate the homeless programs to assure that funds are being best utilized towards ending homelessness. The result of this evaluation was a change in focus from transitional housing services to a housing first permanent supportive housing model for the hardest to serve. This change has been fully supported by the Jackson City/County Continuum of Care in order to reach our community goal of ending homelessness. Applying for funds to expand our HMIS would allow us to continue to follow this change in having a dedicated staff person to focus on data, system performance, advocacy and building our base of HMIS users. this model would continue to support the direction for homeless services within our county.

2. Describe the experience of the applicant and potential subrecipients (if any) in leveraging other Federal, State, local, and private sector funds.

Community Action Agency has a long history of leveraging funds from multiple sources in order to supplement programming for departments. As opportunities become available, program managers complete grant applications for services that will augment programs and meet the mission of CAA by moving participants to self-sufficiency. Further, CAA is a prominent agency in the community and will seek out opportunities to partner with community organizations to meet the needs of participants and provide the best possible services. This year the agency's budget is \$15.78 million, of this 75.4% was federal funding, 10.3% was state funding, and 14.3% was private funding.

3. Describe the basic organization and management structure of the applicant and subrecipients (if any). Include evidence of internal and external coordination and an adequate financial accounting system.

Community Action Agency is a 501c3 non-profit with over 200 employees. CAA provides services in three counties in southern lower Michigan. The Jackson County homeless programs are organized under the Community Development Department and managed by a Program Operations Manager. The manager has direct oversight of programmatic outcomes and ensures that HUD regulations are being met. In order to ensure compliance, managers meet regularly with case management staff to complete file review and case reviews. At this time, the Program Operations Manager reports to the CEO who has over 15 years experience with HUD homeless programs. Financial regulations and reporting are the responsibility of the Financial Grants Manager. The agency employs two Financial Grants Managers, one having the responsibility of oversight for HUD programs. This oversight includes creation and monitoring of budgets to ensure timely and accurate expenditures. The Financial Grants Manager works closely with the Program Operations Manager, meeting regularly to evaluate program expenses and budget targets. CAA's accounting system is in accordance with the American Institute of Certified Public Accountants' Auditing Standards. Our financial statements are audited annually by an independent CPA and are available for other grant audit purposes. All expenses are paid pursuant to written financial procedures, which ensure adequate documentation for all expenses. CAA maintains its financial records for a minimum of seven years, and will retain them for the period specified by the Continuum of Care program. CAA finance staff completes an internal budget outlining how funds will be expended by line item. Budgets are monitored to ensure that funds are not under or over spent monthly by program managers.

4a. Are there any unresolved monitoring or audit findings for any HUD grants(including ESG) operated by the applicant or potential subrecipients (if any)? No

3A. Project Detail

1a. CoC Number and Name: MI-517 - Jackson City & County CoC

1b. CoC Collaborative Applicant Name: Community Action Agency

2. Project Name: Jackson HMIS Expansion

3. Project Status: Standard

4. Component Type: HMIS

5. Does this project use one or more properties that have been conveyed through the Title V process? No

6. Is this new project application requesting to transition from eligible renewal project(s) that were awarded to the same recipient and fully eliminated through reallocation in the FY 2018 CoC Program Competition? (Section II.B.2. and Section III.C.3.q. of the FY 2018 NOFA). No

3B. Project Description

1. Provide a description that addresses the entire scope of the proposed project.

This project provides HMIS data entry, oversight and data analysis for the Jackson County Continuum of Care. Training and technical assistance is also provided to Continuum member agencies utilizing the system. CAA, as the System Administrator, will ensure timely and accurate data input in order to comply with HUD requirements regarding the AHAR, PIT/HIC and System Performance Measures. Further, the System Administrator will provide data reports and information to the Continuum of Care in order to further the work in planning and development for the Continuum. This grant will assist all HMIS user agencies with updating equipment needed in order to input data into HMIS and utilize the system to its fullest potential.

2. For each primary project location or structure in the project, enter the number of days from the execution of the grant agreement that each of the following milestones will occur as related to CoC Program funds requested in this project application. If a milestone is not applicable, leave the associated fields blank. If the project has only one location or structure, or no structures, complete only column A. If multiple structures, complete one column for each structure.

Note: To expend funds within statutorily required deadlines, project applicants must be able to begin assistance within 12 months of conditional award. The one exception is for applicants who are conditionally awarded sponsor-based and project-based rental assistance. These conditional award recipients will have 24 months to execute a grant agreement; however, HUD encourages all recipients conditionally awarded funds to begin assistance within 12 months. The estimated schedule should reflect these statutorily required deadlines.

Project Milestones	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement
	A	B	C	D
New project staff hired, or other project expenses begin?	15			
Participant enrollment in project begins?				
Participants begin to occupy leased units or structure(s), and supportive services begin?				
Leased or rental assistance units or structure, and supportive services near 100% capacity?				
Closing on purchase of land, structure(s), or execution of structure lease?				
Rehabilitation started?				
Rehabilitation completed?				
New construction started?				
New construction completed?				

3. Will your project participate in a CoC Coordinated Entry Process? Yes

4. If applicable, describe the proposed development activities and the responsibilities that the applicant and potential subrecipients (if any) will have in developing, operating, and maintaining the property.

n/a

3C. HMIS Expansion

1. Will the requested funds increase the capacity or function of the CoC's existing HMIS? Yes

2. Is this New project application requesting a "Project Expansion" of an eligible renewal project of the same component type? Yes

Enter the PIN number (first 6 numbers of the grant number) and Project Name for the CoC funded grant that is applying for renewal in FY 2017 upon which this project proposes to expand.

Eligible Renewal Grant PIN Number: MI0259

Eligible Renewal Grant Project Name: Jackson HMIS

3. Indicate the scope of the proposed expansion: Increase HMIS functionality, Increase # of HMIS participating agencies and/or programs
Click 'Save' to update form.

If increasing HMIS functionality, respond to the following:

a) Describe the increased functionality.

Having additional funds would allow our community to have a dedicated person to focus on HMIS for our Continuum. This position would allow our community to have a greater focus on system wide performance, build on our coordinated entry process and also advocate utilizing our data. This position would have the capacity to increase the number of HMIS participating agencies in the community.

If increasing the number of participating agencies and/or programs, respond to the following:

a) Identify the additional participants in each of the following programs that will be added.

HUD - Continuum of Care Program (CoC)	0
HUD - Emergency Solutions Grant (ESG)	0
HUD - Housing Opportunities for Persons with AIDS (HOPWA)	0
HHS - Projects for Assistance in Transition from Homelessness (PATH)	0
HHS - Runaway and Homeless Youth Programs (RHY)	0
VA	0
Other	2
Total	2

4A. HMIS Standards

1a. Is the HMIS currently programmed to collect all Universal Data Elements (UDE's) as set forth in the 2017 HMIS Data Standards? Yes

1b. If no, explain why and the planned steps for compliance. Max. 500 characters

2a. Is the HMIS currently able to produce all HUD-required reports and provide data as needed for HUD reporting? (i.e., Annual Performance Reports, Annual Homeless Assessment table shells (this will be the Logitudinal System Analysis next year), data for CAPER/ESG reporting, SPM and Data Quality Table, etc). Yes

2b. If no, explain why and the planned steps for compliance. Max. 500 characters.

3a. Is your HMIS capable of generating all reports required by all Federal partners including HUD, VA, and HHS? Yes

3b. If No, explain why and the planned steps for compliance. Max. 500 characters.

4. Can the HMIS currently provide the CoC with an unduplicated count of clients receiving services in the CoC? Yes

5. Does your HMIS implementation have a staff person responsible for insuring the implementation meets all privacy and security standards as required by HUD and the federal partners? Yes

6. Does your organization conduct a background check on all employees who access HMIS or view HMIS data? Yes

7. Does the HMIS Lead conduct Privacy and Security Training and follow up on privacy and security standards on a regular basis? Yes

8. Do you have a process in place to remove community members who no longer need access to HMIS (e.g. leave their job, fired, etc.) Yes

a. How long does it take to remove access rights to former HMIS users? Within 24 hours

4B. HMIS Training

Indicate the last training date or proposed training date for each HMIS training, as applicable.

 Activity	 Enter date of last training or proposed next training (mm/yyyy)
Basic Computer Training	08/2018
HMIS Software Training for Sys Admin	08/2018
HMIS Software Training	08/2018
Data Quality Training	08/2018
Security Training	08/2018
Privacy/Ethics Training	08/2018
HMIS PIT Count Training	02/2018
Other (must specify)	

6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 30, 2020? Yes

2. What type of CoC funding is this project applying for in the 2018 CoC Competition? Bonus

3. Does this project propose to allocate funds according to an indirect cost rate? Yes

Indirect cost rate proposals should be submitted as soon as the applicant is notified of a conditional award. Conditional award recipients will be asked to submit the proposal rate during the e-snaps post-award process.

Applicants with an approved indirect cost rate must submit a copy of the approval with this application.

a. Please complete the indirect cost rate schedule below

Administering Department/Agency	Indirect Cost Rate	Direct Cost Base
U.S. Department of Health and Human Services	15%	26,827

b. Has this rate been approved by your cognizant agency? Yes

c. Do you plan to use the 10% de minimis rate? No

4. Select a grant term: 1 Year

HMIS

6H. HMIS Budget

Instructions:

Enter the quantity and total budget request for each HMIS cost. The request entered should be equivalent to the cost of one year of the relevant HMIS activity. The system populates a list of eligible costs associated with the implementation of an HMIS and for which CoC funds can be requested.

Quantity Detail: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity in detail (eg. .75 FTE hours and benefits for staff, utility types, monthly allowance for food and supplies) for each HMIS cost for which funding is being requested. Please note that simply stating "1FTE" is NOT providing "Quantity AND Detail" and restricts understanding of what is being requested. Failure to enter adequate "Quantity AND Detail" may result in conditions being placed on the award and a delay of grant funding.

Annual Assistance Requested: This is a required field. For each grant year, enter the amount funds requested for each activity.

Total Annual Assistance Requested: This field is automatically calculated based on the sum of the annual assistance requests entered for each activity.

Grant term: This field is populated based on the grant term selected on Screen "6A. Funding Request" and will be read only.

Total Request for Grant Term: This field is automatically calculated based on the total amount requested for each eligible cost multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

A quantity AND description must be entered for each requested cost.

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Equipment	Personal Computers & Printers, 4@\$900-\$3,600;equipment for users \$105.16*12=\$1,262;supplies/copying\$900	\$5,662
2. Software		
3. Services		
4. Personnel	travel \$45 (100 miles @ \$.45/mi.);55FTE(\$26,827); plus fringe (\$7,802);	\$34,674
5. Space & Operations	Space @ \$3,750;IT support @\$759	\$4,509
Total Annual Assistance Requested:		\$44,845
Grant Term:		1 Year
Total Request for Grant Term:		\$44,845

Click the 'Save' button to automatically calculate totals.

6I. Sources of Match

The following list summarizes the funds that will be used as Match for the project. To add a Matching source to the list, select the icon. To view or update a Matching source already listed, select the icon.

Summary for Match

Total Value of Cash Commitments:	\$12,333
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$12,333

1. Will this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? No

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Government	CAA	08/13/2018	\$7,593
Yes	Cash	Government	Do'Chas II	09/06/2018	\$4,740

Sources of Match Detail

1. Will this commitment be used towards match ? Yes

2. Type of commitment: Cash

3. Type of source: Government

4. Name the source of the commitment: CAA
(Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 08/13/2018

6. Value of Written Commitment: \$7,593

Sources of Match Detail

1. Will this commitment be used towards match ? Yes

2. Type of commitment: Cash

3. Type of source: Government

4. Name the source of the commitment: Do'Chas II
(Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 09/06/2018

6. Value of Written Commitment: \$4,740

6J. Summary Budget

The following information summarizes the funding request for the total term of the project. However, administrative costs can be entered in 8. Admin field below.

Eligible Costs	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Total Assistance Requested for Grant Term (Applicant)
1a. Acquisition			\$0
1b. Rehabilitation			\$0
1c. New Construction			\$0
2a. Leased Units	\$0	1 Year	\$0
2b. Leased Structures	\$0	1 Year	\$0
3. Rental Assistance	\$0	1 Year	\$0
4. Supportive Services	\$0	1 Year	\$0
5. Operating	\$0	1 Year	\$0
6. HMIS	\$44,845	1 Year	\$44,845
7. Sub-total Costs Requested			\$44,845
8. Admin (Up to 10%)			\$4,485
9. Total Assistance Plus Admin Requested			\$49,330
10. Cash Match			\$12,333
11. In-Kind Match			\$0
12. Total Match			\$12,333
13. Total Budget			\$61,663

Click the 'Save' button to automatically calculate totals.

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	nonprofit	08/13/2018
2) Other Attachment(s)	No	indirect	08/13/2018
3) Other Attachment(s)	No		

Attachment Details

Document Description: nonprofit

Attachment Details

Document Description: indirect

Attachment Details

Document Description:

7D. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR part 578 or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

15-Year Operation Rule.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

Applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provide

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official: Toby Berry

Date: 09/14/2018

Title: Chief Executive Officer

Applicant Organization: Community Action Agency

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent

X

**statements or claims may subject me to
criminal, civil, or administrative penalties .
(U.S. Code, Title 218, Section 1001).**

8B. Submission Summary

Applicant must click the submit button once all forms have a status of Complete.

Page	Last Updated
1A. SF-424 Application Type	No Input Required
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	08/13/2018
1E. SF-424 Compliance	08/13/2018
New Project Application FY2018	Page 39
	09/14/2018

1F. SF-424 Declaration	08/13/2018
1G. HUD 2880	08/13/2018
1H. HUD 50070	08/13/2018
1I. Cert. Lobbying	08/13/2018
1J. SF-LLL	08/13/2018
2A. Subrecipients	No Input Required
2B. Experience	08/13/2018
3A. Project Detail	08/13/2018
3B. Description	08/13/2018
3C. HMIS Expansion	08/13/2018
4A. HMIS Standards	08/13/2018
4B. HMIS Training	08/13/2018
6A. Funding Request	08/13/2018
6H. HMIS Budget	08/13/2018
6I. Match	09/14/2018
6J. Summary Budget	No Input Required
7A. Attachment(s)	08/13/2018
7D. Certification	08/13/2018

Internal Revenue Service
P.O. Box 2508
Cincinnati, OH 45201

Department of the Treasury

Date: JAN 17 2007

COMMUNITY ACTION AGENCY
1214 GREENWOOD AVE
JACKSON MI 49203-3037

Person to Contact:

Vaida Singleton
ID# 31-03018

Toll Free Telephone Number:

877-829-5500

Employer Identification Number:

38-1803599

Dear Sir or Madam:

This is in response to your request of November 28, 2006, regarding your address. We have updated our records to reflect the address as shown above.

Our records indicate that a determination letter was issued in March 1966 that recognized you as exempt from Federal income tax. Our records further indicate that you are currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records also indicate you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,



Cindy Westcott
Manager, Exempt Organizations
Determinations

NONPROFIT RATE AGREEMENT

EIN: 1381803599A1

DATE:03/30/2017

ORGANIZATION:

Community Action Agency, Jackson,
Michigan

FILING REF.: The preceding
agreement was dated
08/17/2016

1214 Greenwood Ave.

P.O. Box 1107

Jackson, MI 49204

The rates approved in this agreement are for use on grants, contracts and other agreements with the Federal Government, subject to the conditions in Section III.

SECTION I: INDIRECT COST RATES

RATE TYPES: FIXED FINAL PROV. (PROVISIONAL) PRED. (PREDETERMINED)

EFFECTIVE PERIOD

<u>TYPE</u>	<u>FROM</u>	<u>TO</u>	<u>RATE (%)</u>	<u>LOCATION</u>	<u>APPLICABLE TO</u>
FINAL	10/01/2015	09/30/2016	14.90	All	All Programs
PROV.	10/01/2016	09/30/2019			Use same rates and conditions as those cited for fiscal year ending September 30, 2016.

*BASE

Direct salaries and wages including all fringe benefits.

ORGANIZATION: Community Action Agency, Jackson, Michigan

AGREEMENT DATE: 3/30/2017

SECTION II: SPECIAL REMARKS

TREATMENT OF FRINGE BENEFITS:

The fringe benefits are specifically identified to each employee and are charged individually as direct costs. The directly claimed fringe benefits are listed below.

TREATMENT OF PAID ABSENCES

Vacation, holiday, sick leave pay and other paid absences are included in salaries and wages and are claimed on grants, contracts and other agreements as part of the normal cost for salaries and wages. Separate claims are not made for the cost of these paid absences.

This organization charges all costs direct to a particular final cost objective; i.e., a particular award, project, service, or other direct activities, with the exception of the costs listed below:

1. Salaries and wages:

Chief Exec.Off/Head Start Dir.	Finance Director
Staff Accountants	Exec. Admin. Assistants
Asst.to Chief Exec. Officer	Chief Financial Officer
Payroll & Benefits Coordinator	Financial Grants Manager (3)
Facilities Director	Accounts Payable Coordinator
Human Resources Director	County Directors(2)
Planning/Community Dev.Dir	Administrative Assistant
Communications Manager	Information Manager

2. Fringe benefits for the above personnel only.

3. Non-labor expenses (administrative only):

Travel	Auditing & Legal	Employee Recruitment
Copier	Printing	Meeting Costs
Postage	Insurance	Subcontract
Telephone	Supplies	Vehicle Expenses
Accounting	Rent	Bank Service Fees
Dues/Memberships	Training	

4. Non-labor expenses (all; i.e., totally indirect costs):

Equipment Definition -

Equipment means an article of nonexpendable, tangible personal property having a useful life of more than one year and an acquisition cost of \$5,000 or more per unit.

ORGANIZATION: Community Action Agency, Jackson, Michigan

AGREEMENT DATE: 3/30/2017

FRINGE BENEFITS:

FICA	Workers' Compensation
Health Insurance	Unemployment Insurance
Dental Insurance	Life Insurance
Retirement	

In-kind salaries and wages are included in the base.

The Head Start indirect cost rate has been negotiated in compliance with the Administration for Children and Families Program Instruction (ACF PI HS 08 -03) dated 5/12/2008, which precludes using any Head Start grant funds to pay any part of the compensation of an individual either as a direct cost or any pro ration as an indirect cost if that individual's compensation exceeds the rate payable of an Executive Level II. As of January, 2015 the rate of compensation for an Executive Level II is \$183,300 per year.

The next Indirect Cost Proposal, based on actual costs for the fiscal year ending 09/30/2017, is due in our office by 03/31/2018.

ORGANIZATION: Community Action Agency, Jackson, Michigan

AGREEMENT DATE: 3/30/2017

SECTION III: GENERAL

A. LIMITATIONS:

The rates in this Agreement are subject to any statutory or administrative limitations and apply to a given grant, contract or other agreement only to the extent that funds are available. Acceptance of the rates is subject to the following conditions: (1) Only costs incurred by the organization were included in its indirect cost pool as finally accepted; such costs are legal obligations of the organization and are allowable under the governing cost principles; (2) The same costs that have been treated as indirect costs are not claimed as direct costs; (3) Similar types of costs have been accorded consistent accounting treatment; and (4) The information provided by the organization which was used to establish the rates is not later found to be materially incomplete or inaccurate by the Federal Government. In such situations the rate(s) would be subject to renegotiation at the discretion of the Federal Government.

B. ACCOUNTING CHANGES:

This Agreement is based on the accounting system purported by the organization to be in effect during the Agreement period. Changes to the method of accounting for costs which affect the amount of reimbursement resulting from the use of this Agreement require prior approval of the authorized representative of the cognizant agency. Such changes include, but are not limited to, changes in the charging of a particular type of cost from indirect to direct. Failure to obtain approval may result in cost disallowances.

C. FIXED RATES:

If a fixed rate is in this Agreement, it is based on an estimate of the costs for the period covered by the rate. When the actual costs for this period are determined, an adjustment will be made to a rate of a future year(s) to compensate for the difference between the costs used to establish the fixed rate and actual costs.

D. USE BY OTHER FEDERAL AGENCIES:

The rates in this Agreement were approved in accordance with the authority in Title 2 of the Code of Federal Regulations, Part 200 (2 CFR 200), and should be applied to grants, contracts and other agreements covered by 2 CFR 200, subject to any limitations in A above. The organization may provide copies of the Agreement to other Federal Agencies to give them early notification of the Agreement.

E. OTHER:

If any Federal contract, grant or other agreement is reimbursing indirect costs by a means other than the approved rate(s) in this Agreement, the organization should (1) credit such costs to the affected programs, and (2) apply the approved rate(s) to the appropriate base to identify the proper amount of indirect costs allocable to these programs.

BY THE INSTITUTION:

Community Action Agency, Jackson, Michigan

(INSTITUTION)

(SIGNATURE)

(NAME)

(TITLE)

(DATE)

Anthony J. Samon

Anthony J. Samon, CPA

CFO

9/30/17

ON BEHALF OF THE FEDERAL GOVERNMENT:

DEPARTMENT OF HEALTH AND HUMAN SERVICES

(AGENCY)

Darryl W. Mayes -A

Digitally signed by Darryl W. Mayes-A
DN: cn=US, o=U.S. Government, ou=HHS, ou=PSC,
ou=People, 0.9.2342.19200300.100.1.1=2000131669,
cn=Darryl W. Mayes-A
Date: 2017.04.05 11:40:26 -0400

(SIGNATURE)

Arif Karim

(NAME)

Director, Cost Allocation Services

(TITLE)

3/30/2017

(DATE) 5631

HHS REPRESENTATIVE:

Wheatford Ashby

Telephone:

(214) 767-3261